

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9815  
Registrar's No. 1234

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1234			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn					
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN New Boston		d. STREET ADDRESS (If rural, give location) 0580 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys				d. STREET ADDRESS (If rural, give location) 0580 1					
3. NAME OF DECEASED a. (First) JACK			c. (Last) ECKSTINE			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28-53			
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Jan 21, 1885			
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Eckstine			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Mrs. Pearl Eckstine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Eckstine New Boston Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of gall bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastases to liver DUE TO (c) massive Pulmonary embolus 15-5X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-24-1953, to 2-28-1953, that I last saw the deceased alive on 2-27-1953, and that death occurred at 5:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Angelo Lapi (Signature or title) Angelo Lapi M.D. MD				23b. ADDRESS 101 Memorial Drive		23c. DATE SIGNED 2/28/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-28-53		24c. NAME OF CEMETERY OR CREMATORY Bucklin, Mo.		24d. LOCATION (City, town, or county) (State) Bucklin Mo.			
DATE REC'D BY LOCAL REG. 2-28-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE P. W. Newcomer		ADDRESS 832 Armo N.R.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Castro*

OCT 13 1962

JUN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John N. Hill*

Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.